

Form CPF M 102: Campaign Finance Report

GREENFIELD, MAS Municipal Form

2022 JAN -3 PM 3: 14

Fill in Reportin	ng Period dates: Beginning Date: 12/	(3/202) Endir	Edu with City or Town Clerk or Election Commys ng Date: 12/31/2021
Type of Report	: (Check one)		
☐ 8th day preced		30 day after election	year-end report dissolution
Glenn Johnson-M	lussad		
	Candidate Full Name (if applicable)		Committee Name
School Committee			
20 16	Office Sought and District		Name of Committee Treasurer
20 Myers Farm D	ane, Greenfield, MA 01301 Residential Address		
E-mail:	glenn@glennwjohnson.com	1	Committee Mailing Address
Phone # toptionaly	413-522-5409	E-mail: Phone # (optional):	
		Friend # (optional).	
	SUMMARY BALANC	CE INFORMATION	v:
Li	ne 1: Ending Balance from previous report		2228.75
Li	ne 2: Total receipts this period (page 3, line 11)	0
Li	ne 3: Subtotal (line 1 plus line 2)		2228.75
Li	ne 4: Total expenditures this period (page 5, lin	ne 14)	1011.12
Li	ne 5: Ending Balance (line 3 minus line 4)		1217.63
Liı	ne 6: Total in-kind contributions this period (pa	age 6)	0
Liı	ne 7: Total (all) outstanding liabilities (page 7)		269.91
Li	ne 8: Name of bank(s) used: Greenfield Savings		
Affidavit of Committee certify that I have exam- ctivity, including all co- mance activity of all pe- igned under the penal	nined this report including attached schedules and it is, to the bes atributions, loans, receipts, expenditures, disbursements, in-kind arons acting under the authority or on behalf of this committee in	accordance with the requiremen	true and complete statement of all campaign finance this reporting period and represents the campaign nts of M.G.L. c. 55. er's signature; Date:
	E FILINGS ONLY: Affidavit of Candidate: (check 1 be	or only)	
Candidate with Co I certify that I have a activity, of all perso incurred any hability	examined this report including attached schedules and it is, to the os acting under the authority or on behalf of this committee in ac- tes nor made any expenditures on my behalf during this reporting	t best of my knowledge and beli cordance with the requirements t period that are not otherwise of	ef, a true and complete statement of all campaign finar of M.G.L. c. 55. I have not received any contributions to force in this report.
Candidate without I certify that I have a finance activity, incl	examined this report including attached schedules and it is, to the lading contributions, loans, receipts, expenditures, disbursements tivity of all persons acting under the authority or on behalf of the	best of my knowledge and beli i, in-kind contributions and liab	of, a true and complete statement of all campaign



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 12/3,	File with: City or Town Clerk or Election Commissio /2021 Ending Date: 12/31/2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Glenn Johnson-Mussad	
Candidate Full Name (if applicable)	Committee Name
School Committee	
Office Sought and District	Name of Committee Treasurer
20 Myers Farm Lane, Greenfield, MA 01301 Residential Address	
E-mail: glenn@glennwjohnson.com	Committee Mailing Address
	E-mail:
Phone # (optional): 413-522-5409	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2228.75
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2228.75
Line 4: Total expenditures this period (page 5, line	1011.12
Line 5: Ending Balance (line 3 minus line 4)	1217.63
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	269.91
Line 8: Name of bank(s) used: Greenfield Savings	
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best certify, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee activity of all persons acting under the authority or on behalf of this committee in acting under the penalties of perjury:	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(Treasurer's Signature)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommitted any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance.	nest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod that are not otherwise disclosed in this report. est of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
e 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
e 11: TOTAL RE	CCEIPTS IN THE PERIOD		——————————————————————————————————————
THE TEMOD			← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(32 contributions of \$200 of more)
0.75.15			
	s over \$50 (or listed above)		
ne 10: Total Receipt	ts \$50 and under* (not listed above)		
ne 11: TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid		
Date Paid	(alphabetical listing)	Address Purpose of Expenditure	e Amount
12/20/2021	Glenn Johnson-Mussad	20 Myers Farm Rd. Greenfield, MA 01301	868.2
12/13/2021	Rachel Gordon	10 Eastern Ave Greenfield, MA 01301 Reimbursement for printing	66.9
		Line 12: Total Expenditures over \$50 (or listed above)	935.18
		Line 13: Total Expenditures \$50 and under* (not listed above)	75.94
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES IN THE PERIOD	1011.12

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	CLE B. EAFENDITURES (
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	L	
rc 1		include them in line 12. It is 12. I		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
70	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
12/20/2021	Glenn Johnson-Mussad	20 Meyers Farm Rd. Greenfield, MA 01301	Prior loans-reimbursement	257.39
12/4/2021	Glenn Johnson-Mussad	20 Meyers Farm Rd. Greenfield, MA 01301	Credit card interest	12.52